



Regulation of the Chancellor

Category: STUDENTS

Number: A-715

Subject: ADMINISTRATION OF EPINEPHRINE TO STUDENTS WITH SEVERE ALLERGIES

Page: 1 OF 8

Issued: 5/30/07

ABSTRACT

This is a new regulation. The NYC Department of Education recognizes that severe allergic reactions leading to anaphylaxis are a life-threatening medical emergency. This regulation sets forth a plan to reduce the risk of exposure and allow treatment with single-dose epinephrine auto-injector devices (“epi-pens”). This regulation is being issued to:

- require that all school nurses be trained in the assessment, management, and treatment of severe allergy and anaphylaxis, and play a primary role in the case management of students at risk for anaphylaxis.
- permit the administration of epinephrine by epi-pen by all nurses working in New York City public schools to any student having an anaphylactic reaction pursuant to the non-patient specific standing order below.
- require that at least two non-nursing school staff personnel be trained to administer an epi-pen when a nurse is not available, in any school where there is a student who has a Medication Administration Form on file for the administration of an epi-pen.
- permit a student to carry an epi-pen, as prescribed by his or her medical provider, if that student is determined to be able to self-administer medication.

I. BACKGROUND

A. Anaphylaxis

Anaphylaxis is a life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include some of the following: hives, itching, difficulty swallowing, coughing, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure or shock. Most anaphylactic reactions in schools are due to food allergies, although medications, stinging insects, or latex can also result in anaphylaxis. The time between exposure to an allergen and the onset of symptoms can vary from minutes to hours; the majority of reactions occur within one hour, and can progress rapidly.



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B. Prevention

The risk of exposure to allergens for a child is reduced when the school, medical provider and parent work together to develop a management plan for the student. This should include both prevention as well as treatment methods in the event of an accidental exposure. The parent and school should refer to the procedures for development of a plan to address a child's life-threatening allergies pursuant to section 504 of the Rehabilitation Act.

Food allergy is the most common cause of anaphylaxis in children in school. The Department of Education does not provide a peanut-, milk- or other allergen-free food service or school because the risk of accidental exposure or cross-contamination is always present. However, arrangements should be made at school to reduce the risk of exposure for identified students with severe food allergies.

C. Importance of Epinephrine

Injection of epinephrine is the treatment of choice for anaphylaxis. Because of the potential speed with which anaphylaxis can progress to death, timely administration of epinephrine is critical. The risk of death from untreated anaphylaxis far outweighs the risk of administering epinephrine, even if administered inadvertently to someone not having an anaphylactic reaction. The "epi-pen" is a single-dose epinephrine auto-injector device that is designed for usage by a lay person. It can also be used by children themselves when their pediatrician or health care provider determines that they are ready for self-administration. Effects of epinephrine begin to wear off after 10-20 minutes; therefore, it is essential that 911 be contacted immediately.

D. Identification of students with severe allergies

1. Parents are responsible for notifying the school about a child with severe allergies. School staff should convey this information to school health staff. A Medication Administration Form for the child should be maintained at the school.
2. Allergy information for a student should be noted by school and health staff on the appropriate information records, e.g., school health records, ATS health alert, emergency blue card, etc.



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II. LIABILITY

Given the potentially fatal consequences for a child who needs epinephrine and does not receive it in a timely manner, employees who have been trained pursuant to this regulation should not be deterred from administering an epi-pen for fear of being sued. The New York City Law Department has agreed to defend and indemnify any employee who is sued as a result of the administration of an epi-pen pursuant to this regulation.

Furthermore, the emergency administration of an epi-pen by a nurse or school health physician to any adult or non-student having a severe allergic reaction for which there is no current individual medical order at the school, while outside the scope of employment, would be covered under the Good Samaritan Law, NYS Public Health Law § 3000A.

III. ORDERS PERMITTING ADMINISTRATION OF EPINEPHRINE

Standing Order for administration of epinephrine for nurses working in NYC schools to students without a student-specific medical order on file for epinephrine¹:

Administer epinephrine as Epi-Pen (or 0.3cc epinephrine 1:1000) SQ if 66 lbs. or greater; or Epi-Pen Jr. (or 0.3cc epinephrine 1:2000) SQ if less than 66 lbs. to any student in a school who, in the judgment of the administering nurse, appears to be having a severe allergic or anaphylactic reaction, effective immediately. May repeat every 10-15 minutes, as necessary.

EMS MUST BE SUMMONED IMMEDIATELY

Issued by: Roger Platt, M.D. , License Number: MD 109486

Office of School Health

NYC Department of Education and NYC Department of Health and Mental Hygiene

¹ See New York State Educ. Law § 6527, which permits physicians to prescribe and order a non-patient specific regimen for emergency treatment of anaphylaxis by a registered professional school nurse and for registered nurses to administer epinephrine pursuant to a non-patient specific order. See also, 8 NYCRR § 64.7.



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Order for Administration of epinephrine by nurse or trained school staff if a nurse is not available to identified students who have a medication order for epinephrine on file²:

Upon recognition of the symptoms of severe allergic reaction or anaphylaxis, an epi-pen should be administered by the nurse or trained school staff according to the student's Medication Administration Form.

EMS MUST BE SUMMONED IMMEDIATELY

IV. TRAINING

A. Identification of School Personnel

1. For students who are not able to self-administer, the administration of epi-pen is primarily the responsibility of the school nurse. However, because a school nurse is not always available at the time of an anaphylactic reaction, school personnel must be trained to administer epi-pen in the event that a student for whom there is a Medication Administration Form for administration of epi-pen is suffering from a severe allergic or anaphylactic reaction and is unable to self-administer medication.
2. The school principal, in consultation with the school health staff will determine which non-medical school staff should be trained to administer epi-pen, based on the individual student and school circumstances. The principal must ensure the availability of at least 2 appropriately trained staff (in addition to a nurse) to administer an epi-pen to students known to be at risk for anaphylaxis when a nurse is not available, by considering the following:
 - a. The school should first seek volunteers;
 - b. The teacher(s) of an elementary school student(s) who has a Medication Administration Form for epinephrine must be trained. For older children, especially in middle and high school where the student is not based in one

² See Guidelines for Administration of Medication in Schools, NY State Education Department, University of the State of New York, April, 2002, with clarification letter, "Use of Epinephrine Auto-injector Devices in the School Setting" NY State Education Department, University of the State of New York, June 2002, which provides: "The administration of epinephrine by epi-pen, prescribed by a licensed prescriber, to a student with a known severe allergy needing an anaphylactic treatment agent may be performed by a school staff member responding to an emergency situation. Such a response is permitted under the Medical Practice Act (Education Law § 6527[4][a]) and the Nurse Practice Act (Education Law § 6908 [1][a][iv]) and is covered by the "Good Samaritan Law" (Public Health Law 3000-a)."



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classroom, individual circumstances will determine which staff are best to be trained.

- c. In addition to teachers, the school principal and/or other administrators must be trained so that a trained supervisor is in the school whenever an identified student is in the building.³ Depending on circumstances of the individual student(s) at risk, other appropriate staff include: staff who are present in the cafeteria during school meals (for students with food allergies), health aides, paraprofessionals, playground/recess staff (for those with insect bite allergies), etc. Additional staff may need to be trained for after-school activities and programs, school trips, etc. Schools may request additional or follow-up training as needed.
 - d. Principals should ensure that trained staff remain available despite staff transfers, absenteeism, and personnel turnover. In addition, if a student transfers to another school, the new principal and school health staff should be informed of the needs of the incoming student by the prior school's principal and health team.
3. The principal should ensure that information as to who in the school is trained to administer epi-pen as well as the storage location of the epi-pen is entered into the online School Safety Plan. Principals must ensure that the school's internal communication system can summon those staff who have been trained to the site of the emergency.

B. Training of School Personnel

1. In order to assure quality and uniformity of nursing skills, school nurses will be trained by the School Health Program in the prevention and recognition of severe allergic reactions and anaphylaxis, school management of the severely allergic child, the administration of epi-pen, appropriate handling and disposal of epi-pen, the immediate care of the patient until help (911) arrives, and the teaching thereof to non-medical school personnel.
2. In schools where there is a child who has a Medication Administration Order for epi-pen, non-medical school staff identified in accordance with the prior section will be trained by school nurses, physicians or other appropriate trainers in the prevention and recognition of severe allergic reactions and anaphylaxis, administration of epinephrine by epi-pen, appropriate handling and disposal of epi-pen, immediate care of the patient until help (911) arrives, and classroom

³ Principals should ask those staff who have been trained in the use of Automated External Defibrillators (AED) if they are willing to be trained in the administration of epi-pen.



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and school management of students at risk for severe allergy and anaphylaxis.

3. School health professionals will provide training and refresher training to any school staff whenever it is requested, but at a minimum will train/retrain non-medical school staff at least yearly so long as there are students in the school for whom there is a medical order for administration of epinephrine.
4. If there are no on-site nurses or physicians to train school staff, principals should contact your Regional Health Director or the Office of School Health at 212-374-2316, to arrange for training of school staff through the School Health Program.

V. RESPONDING TO AN EMERGENCY

- A. The school nurse or a trained staff member must immediately respond to an emergency of a student for whom there is a Medication Administration Order for epi-pen. In the event of apparent anaphylaxis, epi-pen must be administered in accordance with this regulation and the training provided to school staff.
- B. Upon administering an epi-pen, Emergency Medical Services (EMS) must be notified immediately by calling 911. The information reported to them must include, but is not limited to, the event/time/dose/route of administration. If two people respond to the emergency, one trained person should administer the epi-pen and the other should simultaneously contact EMS. If a staff member is alone, the epi-pen must be administered first, and the staff member should then immediately contact EMS/911.
- C. The parent/guardian of a student to whom epi-pen has been administered must be notified as soon as possible.

VI. DISPOSAL OF THE USED EPI-PEN

Place the discharged unit into its carrying container and discard into a designated sharps container. If no designated sharps disposal container is available, discard the used epi-pen into an impermeable container, and give to the Emergency Medical Services (EMS) personnel upon their arrival.

VII. SUPPLYING THE EPI-PEN

- A. The parent of a student who has a Medication Administration Form for epi-pen must supply the school with the epi-pen device. It is recommended that two epi-pens be supplied, with the second functioning as a back-up in case of malfunction or as an extra dosage if necessary. Epi-pens must be supplied in their original packaging as received from the pharmacist. It is recommended that the school be supplied with epi-pens even if the student is able to self administer.



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- B. All schools that have a daily nurse should have an epi-pen of each size (as appropriate for the school population, e.g., 1 epi-pen and/or 1 epi-pen 'junior') available for non-patient specific emergency situations and/or as back-up respectively. All such schools will be supplied with epi-pens through the Office of School Health.

VIII. AVAILABILITY OF EPI-PENS

- A. Immediate access to as well as secure storage of epi-pen necessitates planning among the principal, staff, and school health staff. Appropriate measures should be taken in the school and classroom to ensure that an epi-pen is available at all times, including when a student is away from the school building. The epi-pen must remain accessible to school staff even if the nurse is not present, and all trained staff should know where the device is stored. If a locked drawer is not available in the student's classroom, a locked box will be provided through the Office of School Health. For outside school activities, such as gym class or a class trip, the epi-pen should be carried in a hand-held emergency kit in the possession of a trained staff member. Epi-pens should be kept in close proximity to the student whenever exposure to an allergen is likely (e.g., classroom, lunchroom, playground, etc.).
- B. In cases where a student may carry and/or self-administer the epi-pen, the student should keep the device (ideally, two) with him or her at all times. The student should bring the epi-pen(s) to all off-site activities (e.g., class trip, work-study).

IX. STORAGE AND REPLACEMENT OF EPI-PEN

- A. Epinephrine is stable and should be stored at room temperature until the marked expiration date. Epi-pens should not be exposed to direct sunlight, extreme heat, or refrigeration. The epi-pen should be replaced with a fresh unit prior to the expiration date, or when the device has been used or accidentally discharged. The contents of the epi-pen should be clear and colorless. If the contents are discolored or brown, the epi-pen should not be used, and should be replaced.
- B. The parent of a student with a Medication Administration Form for epi-pen is responsible for supplying the epi-pens, and for replacing an expired or discolored epi-pen. School staff should be alert to expiration dates and communicate with parents to replace epi-pens as needed.

X. RECORD KEEPING

- A. A record of all persons to whom epi-pen has been administered must be kept. It must include the recipient's name, date, time, dose and route of administration, location of incident, symptoms observed, name of nurse or person administering the epinephrine dose, the manufacturer and lot number of the epinephrine and notation



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that EMS was contacted. In schools with a school nurse, this information should be maintained by the school nurse, in the student's health record. If an epi-pen is administered by school staff because the nurse was unavailable, this information must be recorded by school staff and given to the nurse upon her return. In schools without a school nurse, this information should be maintained by the principal.

B. An on-line occurrence report must be prepared.

XI. FOLLOW-UP

- A. Whenever possible, the nurse shall also report information concerning the epinephrine administration to the patient's primary care provider.
- B. The school nurse or principal as appropriate should contact the parent the following day for information on the status of the child and necessary medical follow-up.
- C. Supervising medical and school staff should review the response events with all staff involved in order to learn from the episode, both for the on-going care of the individual student as well as for other potential episodes school-wide. Depending upon the severity of the situation, and the disruption that ensued during the event, appropriate debriefing, crisis response and mental health teams may be needed.
- D. Replacement for the used epi-pen must be arranged as soon as possible through the parent or the School Health Program as appropriate.

XII. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

<i>Office of School Health - DOE/DOHMH</i>		
Telephone:	Director, Nursing Services	Fax:
212-442-1555	233 Broadway	212-442-1815
	New York, NY 10279	

MEDICAL REVIEW OF STUDENT WITH SEVERE ALLERGIES

Name: _____ Date of Birth: _____
OSIS: _____ Grade: _____ Class: _____ School: _____

CHILD'S MEDICAL PROVIDER TO SUPPLY THE FOLLOWING INFORMATION:

Diagnosis: _____

Specific Allergen(s): _____

Extent of Allergy:

Mild/moderate/severe _____

Exposure route: _____

Clinical symptoms: _____

Respiratory: _____

Skin: _____

GI: _____

Cardiovascular: _____

Neurologic: _____

Other: _____

Previously Documented Anaphylaxis Episode:

Date(s): _____

Physical findings: _____

Treatment: _____

Treatment facility: _____

Hospital name _____

Physician's office/contact information: _____

Home: _____

Other: _____

Tests Documenting Allergy:

Diagnostic Testing/Allergist Evaluation: _____

Date: _____

Physician Name and Contact Information: _____

(attach copy of results)

Medication(s) Requested During School Hours:

(Provider must complete Medication Administration Form)

Child's self-management ability: _____

Ability to recognize/avoid allergens independently: _____

Ability to recognize signs of allergic reaction: _____

Ability to carry/self-administer epi-pen: _____

Child's Medical Provider: _____
Print Name

Signature: _____ Tel.: _____ Date: _____

Reviewed/discussed with provider by School Health Program MD:

_____ Date: _____

Comments:

Parent must complete and SIGN reverse side of this Medication Form and submit to nurse along with a current photograph attached to upper left corner.

MEDICATION ADMINISTRATION FORM Authorization for Administration of Medication to Students for School Year 2007-2008	Student's Name (Last, First, Middle)		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	I.D. Number	
	DOE Region/District	School (PS, IS, etc. and Name)		Grade	Class	Borough
	School Address					Zip Code

FOR DOE/DOHMH USE:
 MS
 504
 IEP
 SC/SA

Physician's Order	Order for Administration in School	Instructions for lack of improvement or adverse reaction	Choose all that are appropriate
1. Diagnosis ASTHMA <input type="checkbox"/> Yes <input type="checkbox"/> No SEVERITY: <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Moderate Persistent* <input type="checkbox"/> Mild Persistent* <input type="checkbox"/> Severe Persistent*	For your convenience, we have pre-printed a standard albuterol order. Any alterations to this order must be re-written in Box #2 below. <input type="checkbox"/> Albuterol 2 puffs q 4 hrs. via metered dose inhaler and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total). <input type="checkbox"/> Albuterol 2 puffs via MDI with spacer 15-30 minutes before exercise.	If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.	<input type="checkbox"/> Student may carry medication and may self-administer. <i>(PARENT MUST INITIAL REVERSE SIDE.)</i> <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer.
2. Diagnosis _____ Medication/Preparation/Concentration _____ Dose/Route _____ <input type="checkbox"/> Diagnosis substantially controlled with medication. <input type="checkbox"/> Diagnosis not substantially controlled with medication. <input type="checkbox"/> Diagnosis self-limited.	<input type="checkbox"/> Standing daily dose. Specify time(s): _____ Conditions under which medication should not be given: _____ ----- AND/OR ----- <input type="checkbox"/> prn _____ <i>specific signs, symptoms or situations</i> Time interval: q _____ hours as needed Any repeats if _____ in _____ hr, max _____ times no improvement? <input type="checkbox"/> Yes, in _____ min, max _____ times		<input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. <i>(PARENT MUST INITIAL REVERSE SIDE.)</i> NOT FOR CONTROLLED SUBSTANCES. <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer.
3. Diagnosis _____ Medication/Preparation/Concentration _____ Dose/Route _____ <input type="checkbox"/> Diagnosis substantially controlled with medication. <input type="checkbox"/> Diagnosis not substantially controlled with medication. <input type="checkbox"/> Diagnosis self-limited.	<input type="checkbox"/> Standing daily dose. Specify time(s): _____ Conditions under which medication should not be given: _____ ----- AND/OR ----- <input type="checkbox"/> prn _____ <i>specific signs, symptoms or situations</i> Time interval: q _____ hours as needed Any repeats if _____ in _____ hr, max _____ times no improvement? <input type="checkbox"/> Yes, in _____ min, max _____ times		<input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. <i>(PARENT MUST INITIAL REVERSE SIDE.)</i> NOT FOR CONTROLLED SUBSTANCES. <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer.

List medication(s) student takes at home and at what time: *National guidelines recommend inhaled corticosteroids for children with persistent asthma.	Physician's Name (PLEASE PRINT)		Physician's Signature		FOR DOHMH USE: Revisions per DOHMH after consultation with prescribing provider
	Physician/Clinic Address				
	Physician/Clinic Tel. No.	Physician/Clinic Fax No.	NYS Registration No.	Date	

OMISSIONS IN PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

Part II: ADMINISTRATION OF MEDICATION PARENT/GUARDIAN'S CONSENT, AUTHORIZATION AND RELEASE: 2003-2004

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary means of administration of such medication, in accordance with the attached instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I further understand that I must immediately advise the principal and/or his/her designee(s) of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self administer controlled substances.

I understand that this Authorization is only valid until the earlier of: (1) **June 30, 2004** (This prescription may be extended through August if the student is attending a Department of Education sponsored summer program); or (2) such time that I deliver to the principal and/or his/her designee(s) a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this Medication Form, I am requesting that my child be provided with specific health services by the New York City Department of Education (the "Department"). I have provided the full and complete information and instructions regarding the provision of the above-requested health service(s) in this Medication Form. I understand that the Department, its agents, and its employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information and instructions that I have provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that I have provided in this Medication Form. I understand that it is my responsibility to provide the medication that has been prescribed for my child. I further understand that the Department is not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by the Department of Education to provide the services requested, but, rather, my request, consent, authorization and release for such services.

I hereby authorize the Department of Education, its employees and agents, to consult with and to obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist. I, also, authorize the principal and/or his/her designee(s) to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph if applicable (for example, for use of an Epi-Pen, asthma inhaler and other medications):

_____ I hereby certify that my child has been fully instructed in and is proficient in the self-administration of the above-prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Department of Education, its agents and employees, including the principal, his/her designee(s) and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication.

PARENT/GUARDIAN NAME & ADDRESS BELOW: Please Print

Parent/Guardian's Signature _____
Date Signed _____
Daytime Telephone No. _____ Home Telephone No. _____

DO NOT WRITE BELOW (FOR DOE AND DOHMH ONLY)

DOE review; form forwarded to DOH: _____ (Date)		Reviewed by: _____	
DOH Review: _____			
DIAGNOSIS: _____		SERVICE: _____	
<input type="checkbox"/> Asthma 493.9	<input type="checkbox"/> Diabetes 250	<input type="checkbox"/> Oral Meds 99211	<input type="checkbox"/> Glucose Monitor 82947
<input type="checkbox"/> Allergy 693.1	<input type="checkbox"/> Other _____	<input type="checkbox"/> Inhaler 94640	<input type="checkbox"/> Glucagon 90782
<input type="checkbox"/> ADHD 314.01		<input type="checkbox"/> Nebulizer 94664	<input type="checkbox"/> Other _____
		<input type="checkbox"/> EpiPen W1325	
Services provided by:	<input type="checkbox"/> Nurse	<input type="checkbox"/> DOH Pub Health Adv	
	<input type="checkbox"/> School Based Clinic	<input type="checkbox"/> DOE School Staff	
Self-Administers/self-carries:	<input type="checkbox"/> YES <input type="checkbox"/> No		
Signature and Title: _____ (DSN OR SMD)		_____ (Date school notified)	
Remarks: For Regional Office use			
Authorization for Accommodation(s) _____ Approved		_____ Denied/not applicable	
_____ Returned for CSE evaluation		_____ Returned to region for further data	

ALLERGY RESPONSE PLAN

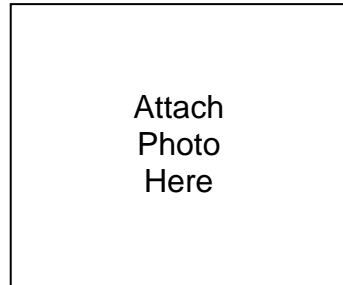
Student's Name: _____

DOB: _____

Teacher/Class: _____ School: _____

ALLERGY TO: _____

High risk for severe reaction (e.g. hx asthma) ___ yes ___ no



GENERAL SIGNS OF SEVERE ALLERGIC REACTION

Systems: Symptoms:

Mouth: itching and swelling of lips, tongue or mouth

Throat*: itching and/or a sense of tightness in throat, hoarseness, and hacking cough

Skin: hives, itchy rash, and/or swelling of face or extremities

Gut: nausea, abdominal cramps, vomiting and/or diarrhea

Lung*: shortness of breath, repetitive coughing and/or wheezing

Heart*: "thready pulse", "passing out"

Note: the severity of symptoms can change quickly.

**These symptoms can potentially progress to a life-threatening situation.*

IF EXPOSURE TO ALLERGEN IS SUSPECTED AND/OR SYMPTOMS ARE:

1. Give _____
IMMEDIATELY!

(medication/dose/route)

2. Then call 911/EMS (ask for advanced life support) following school procedures for 911.

3. Call parent/guardian _____ or emergency contacts.

4. Call Dr. _____ at _____.

DO NOT HESITATE TO CALL 911!

Trained School Staff:

1. _____ Title _____ Room _____
2. _____ Title _____ Room _____
3. _____ Title _____ Room _____

Emergency Contacts (other than parent/guardian):


1. _____ Phone: _____
Relationship: _____
2. _____ Phone: _____
Relationship: _____

Nurse's signature: _____ Date: _____

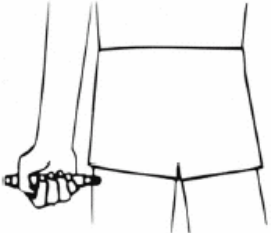
Parent's signature: _____ Date: _____
(or guardian's signature)

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

(Adapted from the Food Allergy and Anaphylaxis Network)

Specific training on the Allergy Response Plan (including administration of epi-pen in an emergency if nurse is unavailable) to be given by school nurse to these school staff:

_____	_____
_____	_____
_____	_____

**TRAINING PROGRAM FOR UNLICENSED SCHOOL PERSONNEL TO ADMINISTER
EPINEPHRINE BY AUTO-INJECTOR IN LIFE-THREATENING SITUATIONS**

APPENDIX B

(adapted from "Managing Life Threatening Food Allergies in School", Massachusetts Dept. of Education)

Purpose: To provide unlicensed school personnel with basic knowledge and skills to administer epinephrine by auto-injector in a life-threatening situation

Instructor: School nurse or physician

Objectives: Upon completion of the training, the participant(s) will demonstrate the following competencies:

- *identify common causes of allergic emergencies;
- *accurately recognize general and student-specific warning signs of allergic emergency;
- *accurately identify student for whom the epinephrine is prescribed;
- *accurately read and interpret the allergy response plan;
- *correctly follow directions on the allergy response plan;
- *accurately read the epinephrine label and follow directions from the label;
- *administer epinephrine by auto-injector;
- *safely handle epinephrine in an auto-injector;
- *accurately describe the school's plan for responding to emergencies;
- *access resources appropriately, including emergency medical services, school nurse, parents and physician.

EPINEPHRINE COMPETENCY SKILL CHECK LIST

Name and Title of Staff Person: _____

The following competencies have been demonstrated by staff person:

- _____ States the responsibilities of the school nurse for training and supervision
- _____ Identifies the common causes of allergic emergencies
- _____ Describes general and student-specific warning signs of allergic emergency
- _____ Demonstrates how to activate the school's plan for responding to emergencies
- _____ Identifies student for whom the epinephrine is prescribed
- _____ Interprets accurately the emergency medication administration plan
- _____ Follows the directions on the Allergy Response Plan
- _____ Reads the label on the epinephrine auto-injector, assuring the correct dosage
- _____ Demonstrates safe handling of epinephrine auto-injector
- _____ Demonstrates correct procedure for giving epinephrine by auto-injector
- _____ Demonstrates how to access emergency medical services, school nurse, student's parent/guardian or other emergency contacts, student's physician

Comments: _____

Signatures:

Supervised by: _____ RN or MD

Staff Person: _____

Date: _____